# Dr Chris White, Lecturer in Health, Mental Health and Well-Being

It’s healthy, it’s good for the environment, it can be fun… but we’re not quite there yet.

Implementation of active travel for public health

*February 2024*

**Professor Mandy Robbins:** Welcome, everyone. Thank you very much for coming along to this evening's Wrexham talk.

It's a pleasure to welcome you all, especially Chris. Chris is our lecturer in Mental Health and Wellbeing.

Chris joined Wrexham University in February 2021, right in the middle of the pandemic.

An interesting time for you to start a new job, joining a work force and a student body

which was largely working from home, to lecture in Mental Health and Wellbeing. So yes, interesting times. Chris completed his PhD with the University of Chester in Sociology of Sport, with a focus on physical activity and public health. His PhD thesis explored active travel as a public health issue amongst various public health practitioners.

Chris recently visited the Senedd to share his PhD findings and hopes for further collaboration with the Welsh Government. Chris has also previously been invited to share his findings with the Department for Transport at their London base.

Chris’ work features in policy journals, transport journals, sport and physical activity development journals. Chris has been an editorial assistant for European Journal and has undertaken peer reviews of many articles and book proposals. Chris is a member of the Welsh Institute for Physical Activity, Health and Sport and as part of this work has joined the list of consultants available to Sports Wales.

The title of Chris' Wrexham talk is, as you can see, ‘It's Healthy, It's Good for the Environment, it Can be Fun’, I like that little caveat, ‘But We're Not Quite There Yet’.

So, Chris, thank you very much.

**Dr Chris White**: Thank you so much, everyone, for coming along. From those who have come external to the university, from our little student support group there who don’t hear enough of me in the week so you've come for a bit more in the evening. Thank you very much.

So, I think it's important to reflect on, before I do a little bit about me and what the research is, why the title of this lecture, why have I broken down active travel into these different little pieces?

I think what really brought me towards this research is the supportive evidence on health. Of course, we know that physical activity is incredibly good for us, to the extent that many directors of health suggest that it could be the ‘magic pill’. If it were to be a pill available to buy, our demand would be so great that we'd probably never be able to produce quite so much.

So, we know how great physical activity can be for us and why active travel is really interesting is that it enables us to fit physical activity within our routines. It enables us to generate physical activity as a habit, which is really important because we know that traditionally in policy, we've often look towards sports when we talk about physical activity but for many, there can be lots of constraints attached to joining sports teams, joining sports clubs. Whereas, if we can generate physical activity as a part of our lifestyle, the evidence becomes even clearer. Studies which have followed active travel and people's uses of active travel suggest that daily physical activity through active travel can lead to reductions in chances of heart disease, cancers, diabetes by between 30 and 40% in some cases. So, we're talking about some really important stuff when it comes to our health.

I appreciate and I will caveat that active travel isn't something that we can all do on a daily basis, disclaimer I drove here today, but it is something that we might be able to increase and I think public transport presents an interesting case. Research has shown that if we live within a mile of public transport, accessible public transport, again, our physical activity is highly likely to increase.

It's good for the environment. We know how important this is as a concern, and we know how heavily this is discussed. Often, we see development such as electric cars push forward as a real answer to our climate concerns but there are studies out there to suggest that active travel can get us towards net zero as much as ten times quicker as pushing us towards cars. So really something to be said for environmental gains and it can be fun. It can be a more pleasant way of getting around. It can be a less stressful way of getting around. Again, to caveat that, if we get it right, if we get the environment right, and if we get the infrastructure right.

But we're not quite there yet. And that is really how I would package up a lot of what my research participants have been saying to me. They really understand how important it could be for health, they understand how important it can for the environment, but we're just not quite there yet. There are many different constraints involved, from an environmental perspective, how our towns and cities are laid out and often from an ideological perspective, how people approach the issue, how people feel about the issue.

So yes, a few disclaimers. There are many parts of Wales where car transport is almost the only feasible option, or certainly the most feasible option. There are many people where cars are the most feasible option and it can't or won't be a public health solution for everyone. So, I'm not presenting this as the answer for all but what it can show, and if we look at places where there are high levels of active travel engagement, it can show way towards a healthier and more aesthetically pleasing town. So for anyone who goes to some European cities, there are certain transport habits and city layouts adopted that just make things much more aesthetically pleasing. The ability to cycle and walk around cities feeling safe and feeling like you're one of the ‘norm’ is really appealing and many of us will come back from places like Amsterdam, there are certain things will notice in Amsterdam that are different, but one of them might well be the high proportion of active travel engagement and what that means for the aesthetics of the place and what it means for your enjoyment of the city.

Again, just to highlight that we're not just always talking about bikes here. We can get very fixated with bikes and active travel research, but there's a much broader body of work here and public transport certainly should become part of that, especially when we see research has shown what it can mean for physical activity.

I should quantify when I talk about active travel, what I mean is replacing journeys in cars or motor transport, to journeys that are powered via ourselves so that can be our commute to work and that can really be a way of making it a habit, but it can be any journey that you take. I'm I first started to get into this research, I was, as Mandy said, based in the sports science department, who were very much interested in sport cycling, track cycling and were very interested in sports performers and so they said to me, well does it really work? You know, if I cycle down to the local primary school or the nursery, I'm not trying that hard, it's probably only about a 15-minute journey, will that really make much of a difference to me? When we talk about the impact of physical activity, how much do we actually need? I thought ‘wow, that's a really good question that I haven't come across before’, so I set about trying to find the answer.

Just to give you an example of one study here that I think is so important, it follows a high proportion of people over a period of time when we can see that if you do 15 minutes a day of moderate intensity activity, you'll have a 14% reduced risk of all-cause mortality and a three year longer life expectancy. I'll take that please, through 15 minutes a day. Now, if we think about 15 minutes there, 15 minutes back, we're already making gains and as you can see, after that first 14%, for every additional 15 minutes, we start to reduce all-cause mortality by 4% on top of that, which is great and seems really important. So, we're not talking about, when we think about cycling and active travel, middle class men, middle class white men in Lycra on a Sunday, 30 miles and then tell everyone about it in the week how far that ride was and what pubs they went to, etc… But that's our vision for cycling, and I think that's quite a challenge. That's something that we were talking about just before, the negative perception that we might take from sport cycling and we might apply it to cycling in the round, we're talking about 15 to 30 minutes a day and seeing that that can have a dramatic impact. What I think is also interesting from this study is that it reminds us that we can have the most impact with those who are currently doing no to very low physical activity, to doing something. If we think about public health gains, to be able to turn around and say, well, we think we can reduce risk of all-cause mortality by 14% through that one change I think is, for me, was quite a compelling message and it's what got me into this stuff.

So how do we currently sit? How do we look in relation to the other countries and how do we look for active travel? Pre 1970s, the UK had quite high levels of active travel. It was deemed a genuine mode of transport and I think what we've seen over time is we've lost it as a genuine mode of transport. It's become a leisure activity or an activity for the group that I just mentioned, largely related to the fact that we have often given the green light, pun intended, to car ownership despite knowing and having a developing knowledge of some of the economic costs, the environmental costs. We've designed our towns and cities in relation to the car, knowing that the car is our dominant mode of transport and we saw a bit of a crossroads, really post-Second World War of course, people were forced to rebuild and rethink our towns and cities. In the UK we took cars as real sign of progress and built our systems and towns in relation to that and if you just look at Wrexham and think about the road layouts involved, it's a perfect example. In Holland, a very different take, there's a different context, the bike was already a national symbol but even so, a completely different approach and towns and cities now look different as a result of that. But it's not just that, if we bring ourselves to the modern day in Holland now, about 31% of trips are made on a bike. There will be some barriers that are exactly the same there as there are here, but of course there will be differences but, you know, just imagine that in your own lives. What would you what would you need to see changed? Not necessarily a change in yourself because I think changing the environment is more important. What would you need to see change in order to make almost a third of every trip you take, be something that you power yourself.

For starters, we see £24 per head spent consistently per year in Holland and in the UK it's been consistently between £2 and £5. Yet, in the UK there is potential here, so around 40% of trips that we make under two miles are made by a car. Again, I appreciate all the barriers involved, all the places we need to be, the times we need to be there, the kit that we need to carry, but Holland have found a way in many ways. As we said, there's been some real promising progress in Wales. So, in 2013, it was described as world leading legislation. In some ways because other countries haven't needed it, but we have here the Active Travel Act, which was a legal requirement to build active travel networks, so legally requiring local authorities to plan for active travel networks. Now, of course, it doesn't, as part of the act, say and here's the standard that they must be in and here’s how much you must spend on them, but it's a really good start. Since 2018, the Welsh Government have increased active travel funding from £50 million to £70 million, which now amounts to around £22 per head in Wales. So if we compare it to what now goes on in England, still around 2 to 5%, more recently, more like 1%, really playing catch up with some interesting examples that we see in Europe. The stats, though, show is that there's still a lot of progress to go. So, in 22/23, 10% cycled at least once a month, that sounds fine, but if we're thinking about our 15 minutes a day, that might not even be our most helpful measure and I'd be interested to see research conducted on that or studies conducted on that.

We also see quite a difference when it comes to sex, and I know that many of you can immediately think of some barriers related to that but what is interesting when we go to the Nordic countries, when we go to some places in Holland, we see more women cycling the men and we see more older people cycling the younger people.

So, a bit of bit of a pause from the research stuff. A quick little bit on me and what led me to this research. I think I have already described it; I remember those early lectures sitting hearing the health messages and hearing that to make such a significant difference to someone health wise, we don't need humongous sports clubs, we don't need massive facilities, we just need to enable someone with the confidence and the environments where this seems attractive and I think that's the important thing here. We often talk about raising our interest in active travel, but to do that, we perhaps need to make active travel feel attractive and some other alternatives feel less attractive. That becomes a bit difficult politically, and that's what I’ll come on to discuss with my own research. So that's what really what got me into this stuff and it’s led to you know, why is it good to do research? Well, you know, it's enabled me to answer some questions that I have, ‘Why aren't we doing more on this?’, I kind of left these kinds of sessions on active travel thinking this seems so important what's going wrong, and I’ve been able to answer those questions and I've been able to go into jobs and roles that that I really enjoy, say that in front of my line manager! It's enabled me to get into having a look at academic publishing, it's enabled me to work and speak to government departments, of course, that's always quite exciting. You start to think, ‘well where will this go?’, you hope it goes somewhere, but it's still nonetheless really exciting to be in front of the people making decisions and drawing up policies and especially when you're researching stuff like active travel and cycle, it lends you to so many interesting places. Through my research, I've been into meetings with Chief execs in fancy Town Halls, I've been into cycling cafes in the middle of marshes, you know, and in between that have been some really interesting and fun, far and wide contacts.

I guess doing a PhD in general does lead to some really supportive, yet puzzled faces across friends and family. What is it that you actually do? And I am quite guilty sometimes of not talking too much about work at home, trying to think about that work life balance, I guess. Part of the reason for me putting myself forward for this is that my mother in law in particular, and she'll be pleased she's mentioned on the record, has shown a real active interest in what I do. So I said, well I'll do the lecture, you can watch the recording and then the heat's off me.

I also just wanted to briefly do a nod to why am I looking at this and why does my work fit within a health and wellbeing context and a health and wellbeing department? Some of my colleagues are here, we are health and wellbeing, and as Mandy said I joined the university when we weren't on campus, I was in quite a small team and I was just kind of getting my head down, working out the role and figuring out the PhD. So I've kind of just been this guy on campus that everyone waves to and thinks ‘oh, he does the public health stuff’, so that's another reason why I did this lecture, I guess, but it's important to reflect on why am I looking at this from a health and wellbeing perspective. I think of it explained to the health evidence bit and how great it can be for that, but what we try to focus on in particular is the wider determinants of health, so I haven't focussed really on the health evidence because many would argue in academia it's no longer up for debate that this can be good for you and this can be important for populations, but what we can look at is how are people discussing this issue and how are they situating this issue. Are we trying to continue to place it on individuals and say, ‘by the way, did you know, physical activity is good for you’, as if we've never heard that before? Or are we trying to really understand people's habits, people's cultures, and how our environments might be interacting on active travel and that's just one example really, of what we try and do through our work, is understanding the wider determinants of health and how someone's environment might impact them. Trying to take the emphasis away from the individual. That was a long preamble, but we're into the research stuff now.

Something that I did pre my PhD and something that got me into looking at implementation, was a study in Chester. I got onto this having come out of these active travel lectures thinking ‘wow, this seems really important, why aren't we doing more on this’, learning that around the time that I was doing my master's, £5 million had been spent on active travel in Chester. I lived in Chester at the time, and it did not ring to me at all ‘this is a cycle in a city’, yet £5 million had been spent to achieve just that. So I thought, okay, let's have a look, let's have a look what's gone on. I can see the outcomes, I can see the cycle count data and how many people are coming through, so that's already accessible to me, but what I don't know is how implementation actually went. So how were people experiencing spending this funding, and that became even more interesting when I dug into it and I saw that half a million pounds had to get sent back to the government because it didn't get spent in time and two of the four major infrastructure proposals as part of this got shelved. Again, they weren't able to be delivered on time and would have been far out of budget. So, I thought there's a story to tell here, and students to the back, that's what we're trying to do with research. We're trying to think of what stories can we tell, we're doing that academically, but what stories can we tell? The story really was, that this was set up as a bidding project, so local authorities had to go down to the government, they had to say how shiny and brilliant their proposals would be and they would see if they would get the funding. When you have an issue like active travel that doesn't quite sit at the top priority for any one department, really, it's somewhere there for transport, it's somewhere there for public health, it's somewhere there for education. We often see funding disseminated in that way through bidding projects.

So, the more I got into interviews for this research, I found out that the bid document was put together in two weeks. There was a kind of rumbling of ‘shall we go for this?’, nothing really happened and then someone raised ‘we've got a two-week deadline, let's see what we can do’. That might not surprise too many in the room, that form of working, but it's not ideal and it's certainly not a way to disseminate £5 million worth of funding. To much of the shock of the Chester team, they won the funding and then it was a case of working out well, ‘how do we actually deliver this then’, and immediately they found out that the one bridge that they had proposed over the River Dee, which would have been the first bridge over the river Dee in almost 100 years, wasn't feasible within their budget, proposed budget. In fact, it was double the overall project. There's more I could say about this, but I think it shows one thing is that we need to encourage, if we're going to disseminate funding in this way, we need to assess bids on the basis of their seriousness, their ability to account for unintended outcomes, not always something that is bright and shiny and that's something that we discussed with the Department of Transport.

I've also conducted some research with active travel policy. We conducted a study with 85 documents and this was a really simple study, and it's something that, again, I've discussed with students trying to demonstrate that collecting data doesn't have to be terribly tricky. We went on the GOV.UK website, we put in the search terms ‘active travel’, ‘cycling’ and a few others, and we read every document, every policy document that had been published by the British government over a 15 year time period. We just wanted to look at really what's been said, what's consistent, what themes can we see, and we learnt a lot from it because what we saw is, that consistent with a lot of policy literature actually, it was really rare to see one policy build on the other. In fact, policies would often present themselves as this brand-new revolutionary idea, ‘haven't you seen the evidence?’, ‘here's what we're going to do, we're going to throw £1 million at it’. Now, even in Wales, throwing £1 million at something is 30p per head. So, in the policy literature, this is sometimes referred to as prioritising take-offs over landings. Knowing that something like active travel, that again doesn't sit quite at the top of the priority agenda, showing that you're doing something about it but you're not too interested in the reality congruence, you're not too interested in how it works in practice. Very rarely did we see, when targets were set, ‘we're going to double trips by 2025’ or sorry, more like 2012 in this, you get to 2012 the new policy document will come out, no real recognition of why that target hasn't been hit, why the new target was needed, just continual churn of new policies and supposedly new policies and new ideas.

We also saw a big focus on individuals that was rarely backed up with key infrastructure changes, and we saw quite a bit of focus on ‘here's what you could do local authorities’, less ‘here's what we're going to do’ as National government. Again, we start to have these kind of bidding projects for pockets of funding, which of course leads to a bit of a postcode lottery then as well. So that actually led me towards my PhD. I had focussed, through that project, on a lot of transport officers, largely implementation officers through that Chester project and then as I moved into the policy project, I could see that active travel was being continually positioned as a public health issue. So I thought, okay, that means that I need to go out and speak to public health officers and actually see what do they think active travel is as a public health issue, how do they see it as a public health issue? And there was something quite interesting happening in England, and we've seen almost the opposite happen in Wales. For years and years and years, public health teams sat as part of the NHS in England through the primary care trusts, and then in 2013 they were moved into local authorities, and that was seen as a really positive thing because again, if we think about what's the greatest thing we can do in health, it's about changing and in shaping environments, changing and shaping wider determinants. So it seemed a good fit and people thought, well, this could be really good for active travel actually, because all of a sudden you've got your key areas, your planning, your transport and your public health all within the same organisation. This could be the thing that brings about this significant change. Alongside that, very close to that actually, there was an announcement that in Greater Manchester they'd have both £60 million plus pounds cycle city funding and there would be a health devolution deal, meaning that Greater Manchester as a region is now in charge of their own health decisions. There was just a lot of policy shifts pointing me towards this topic and this particular area, suggesting that this could be the thing that would really bring about that change and to take a quote from one of my participants, this change in Greater Manchester, the health devolution was, they had different key priorities, but what they saw as the main two was a radical upgrade in prevention and a transformed neighbourhood offer and when you push people on what they meant by prevention, they said lots of things. It wasn't always too specified, but a lot of my participants could see how active travel fitted in really well with their prevention agenda. So this was a real interest to me. So, I did 42 interviews, starting with different key members of the public health workforce in Greater Manchester and when I was trying to draw together my sample, it was lovely actually, the NICE (National Institute for Care Excellence) produced some guidelines on who should be working on active travel locally, and they listed different public health roles, so brilliant, that's my sample. That's where I'm going to start and then I had a snowball sample as part of that, so asking people at the end of an interview, ‘is there anyone else you think should be taking part?’, so my research did naturally lean towards people in transport planning and support roles as well. But that was the crux of it, going out and speaking to people with a semi-structured schedule, so set questions but the ability to pick up on things that appeared to be of interest. It's a daunting task to summarise a PhD in 45 minutes, after my preamble, even less than that, so I'm just going to pick on one theme, but try and summarise the overall thing as we go.

The theme I'm going to focus on is people's relationship with evidence in these different networks of people that, through devolution were coming together and potentially through active travel, were coming together. So yes, there was lots of supportive evidence for active travel and many in my sample could see that. They could see it could be great for health, they could see it could be great for the environment. The issue for active travel and I've kind of mentioned this, is that responsibility was not clear. There were these different groups through public health reorganisation, through devolution reorganisations, they were battling those kinds of challenges, they were battling new groups and working relationships, they were battling new policy lines and policy language and on top of that, they had to be collaborative and innovative working towards these new prevention goals. Active travel, it was there for many. They could see its importance, but it was really difficult to see who should ultimately be responsible. You go to Public Health and they'd say ‘well, we think transport should be doing a lot’, you go to transport ‘we think sport should be doing a lot’ and it just went round in loops. It was really clear that was that there was no leads for this and no cohesive network. What I could see consistently, though, is that anyone wishing to truly push and improve active travel were quite dependent on their views of local councillors. You could have all these plans in place, but if we're trying to change things locally, if we're trying to change and shape roads, it has to be accepted by local councillors and in different boroughs in Greater Manchester this became either a stopping gap or something that really enabled change. Public Health Officers took that to kind of suggest that there's so much going on with everything we need to do in the health sector, that by servicing councillors with the info you’ll need, that's how we'll get change. Public Health Officers were suggesting we're the informers, we haven't got the time or space or capacity to genuinely bring about change and that may have been suitable had that been an efficient model, had that evidence been understood, had advocacy pathways been clear, but it wasn't. There appeared to be a lot of detachment, despite bringing together your public health teams into the local authority, there still appear to be a lot of detachment, and it's a distant theme in the PhD itself, the role of public health, how it is positioned and perceived in relation to the wider health sector, in relation to local authorities. Just to take this one quote “if you asked council colleagues, they do not see us as council colleagues. They see us as health. You will hear in meetings ‘what do Public Health think of that?”. You might read that as a throw away quote, but what he was saying is that kind of message permeates through everything that we do, there is that separation and I'll come on in a bit to why that could be particularly important.

What is interesting is that we saw that the evidence that Public Health officers were heavily aware of was highly scientific, it's the stuff that we deal with here. The evidence or information that our councillors were heavily influenced by, this will be no surprise, were the things that were of particular importance to the residents. And as they said here, the most common thing they hear about throughout their working week, so let's remove active travel from this, is “parking, parking problems caused by workers and visitors in the main”, and that's really difficult then if we're trying to push this and we think about the position of the councillors, the power relations they have with residents, the fact that they know they need to be voted back in. Already, we've got a really difficult dynamic. Councillors continually said that “we're feeding up from the bottom, in terms of what we know from communities. That, for me, is my influence” and take the quote they’ll read kind of headline stuff, reports, but don't have the time to get into the evidence and we might think, well, that that seems right, that that seems to be suiting our expertise but if those things then don't come together and if it's this that we prioritise, we're going to see very little change in terms of active travel. So, being worried about pressures from local residents, being worried about their votes, some suggesting that if they supported active travel, it might even result in a loss of votes and I found this wording really interesting, this is someone who is actually a councillor with active travel as part of their portfolio – “I get disappointed, I get frustrated, I feel like could put in an awful lot amount of time into this. You get a fair amount of grief from it for people who worry about alienating car drivers”. I just find that wording really interesting, talking about alienating what is already the dominant, what we have proven can be problematic. This dominance can be problematic for our health and for our environmental concerns and that’s someone who's involved and interested in this stuff.

Just to explain this title here, I'm sorry if all you go away is humming that in your head. It felt as though there was a big push on softer interventions. Councillors could stomach soft interventions, the budgets available could stomach softer interventions but people said, you know, people won't put their backs on the line for a little scheme now and then, so if we can't get that through, it's really difficult to have this conversation about revolution change. Meanwhile, councillors are quite happy with promotion, promoting more and more activity, there's little cost in that. Just to jump to this quote, because I think it's really important to demonstrate what I was talking about with the wider determinants of health. When speaking to some councillors and this wasn't the majority response, but there were several examples of this “I don't know, maybe people don't understand that doing a little bit of exercise would improve your health and life chances. Maybe they don't understand that… people are lazy. The council is pushing active travel and I would guess the residents are pushing back”. Now, I think that demonstrates this individualised approach that we have taken and continue to take to, not just active travel, but many different health issues. Not once reflecting, actually, could it be what we've done as a council, could we do more to change the environment, to change the accessibility, to change the attractiveness of active travel? Why might be that you have perceived people to be lazy. I even said in my PhD that there's an element of victim blaming going on here. If, you know, if we were all to head out into Wrexham and assess how attractive it is from an active travel perspective, I'll let you decide. Pockets, right, but there is an element of victim blaming here you know, it's blaming people for levels of physical inactivity when you as a council, not you as an individual but councils, historically have continued to push car dominated societies.

I think what I also found interesting off the back of this then, was the influence of individual ideology as a part of this wider network. In this case, the councillor clearly had decided on his ideology and on his way of approaching this issue as an individualistic approach. What I also saw though, is that those who were really, really supportive of active travel, those in national governing bodies roles to promote active travel, were in some ways, in some cases, they were won over by the evidence that that also implicated the way in which they approach the issue. I remember one particular director of public health who said,’ you know, it's so compelling I don't know why people don't get it’ and I said, well, why might they not, why might people not work with you? ‘I don't know, they’re simply wrong’ and you know, when someone’s spent that much time with the evidence, I understand, but at both levels we need to try and step away from the influence of our individual ideologies and try to understand why other people might not be with us yet on that journey. I could see that, that some were saying, well, if I'm in a room and people aren't already won over by the argument, I'm in the wrong room and that's fine you know, if you want to make some rapid progress, that's fine if you want to, I don't know, rattle off another five policies but if we think about enacting genuine change, we really need to think about the extent to which our involvement in an issue is clouding our approach.

So, I am starting to wrap up a little bit now. What has changed in relation to active travel? There was a lot of promise here. Based on the context, there was a lot of promise here based on the policy. It does seem that there is still little pressure on local governments to challenge traditional thinking about transport. They’re perhaps enabled to push through small programmes but challenging thinking is quite different. I will say before we enter the Q&A, I'm not an expert on the 20 miles an hour, but that is a way of challenging people's traditional thinking about transport. It shows us what whatever problems we might see on a case-by-case basis; it shows us that we might well have to upset some people before we see genuine change and I think, you know, that's what non-Council colleagues were definitely suggesting in my sample. If we try to please everyone, and one participant packaged this perfectly, we come up with ‘vanilla outcomes’, no one loves it, no one hates it, it's probably not going to drive us forward. But it's difficult balance, you know, please don't think that this is a massive critique of politics and politicians because we have to understand the context and the power relationships, you know, just like the rest of us, these are people who have jobs and careers and they want those jobs and careers post the next election. I think that there's more a case here to do with advocacy. I think the biggest issue that we're seeing here was the separation between the politics and the public health, and as I read into it, it seems that that is an age-old problem. I think people in public health have traditionally been somewhat reluctant to be involved in politics and some participants certainly said that, ‘we serve the information, we're not here to make the decisions’, but the more in which we can build those opportunities for advocacy, the more in which these groups can work together on these kind of issues, trying to change the norm, trying to, yeah, just do something a bit different, I think the better.

Clearly you can see that I'm suggesting that the softer approaches, these promotion approaches, aren't really going to tend to bring about too much of a significant change and that really isn't just an active travel issue. It's something that we see through active travel policies, but it's something that we see for many other issues as well, but we perhaps need to step back and understand what are our habits, what do we value, and how tied are we to those habits. Waving posters in front of people and doing fancy events in the middle of the town centre might win over those who are already some way interested, who have already got a bike in the shed perhaps that just needs dusting off a little bit. But again, that doesn't bring about the kind of change or shift towards places like Amsterdam where we're talking about genuine culture shifts, and of course, that's a long-term thing. Public Health Officers in my sample were really clear on the evidence supporting this. Many in the sample were but yet again, I think they weren't able to successfully convince the councillors who they appeared to be quite dependent on, so greater advocacy seems really important. I mentioned this thing ‘gratified knowledge’. It's a concept that I use my PhD to explain this. What I could see is that people were more won over by the knowledge that brought them the greater prestige or brought them the greater chances. So, for example, if you know that knowledge of your residents is going to put you in the best position, that's the knowledge you prioritise. From the public health sample, some were almost so gratified with their knowledge, knowing the right thing to do, they didn't worry too much about whether that was then being enacted, the fact that they knew it was the right thing to do was almost enough. So I think it's interesting.

So, how this fits into wider themes then, there was something in my PhD which is not necessarily appropriate to talk about in an active travel session, but how public health has become increasingly medicalised. How it is very treatment focussed and prevention is often sat lower down on the radar. That's important for active travel because when you try to bring down active travel and public health together, you're talking about two issues that traditionally haven't been at the top of the radar. So, there's some interdependency going on that that's really affected the extent to which we saw change. There were issues of responsibility and power which I’ve discussed. We saw a big influence of interested individuals and there were some unintended outcomes there, both for those who were really interested and those less so and yes, some issues in relation to advocacy.

So, I think a key question from the overall session really and something that I don't have the answer to yet in full, but I certainly want to keep working towards is, where can shared interests be found amongst these groups? How do we bring about greater collaboration and not collaboration where we just mean yeah, everyone's in a room and they've signed a memorandum of understanding, isn't this going to be great and brilliant, but shared interest where we really think about how can we change the way we do things and how can we change and challenge our thinking. I think as part of that, it's really important to understand the influence of power and goals. So, we saw that there was a lot of power attached to clinical roles, changes in relation to hospitals, that prevention sat further down, in the transport area there's a lot of power attached to aviation and our motorways so that active travel slips down. So we really need to understand that when we want to bring people together to work on an issue, that’s the problem with active travel, it sits in so many different areas that everyone wants to be involved because of the supportive evidence. But it's yeah, we've got to think about how that works from a power perspective and how might people's goals work together and how might they actually counteract each other? Okay. Thank you very much.